Attorney	Docket No	o
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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

sert Title: PREV	ENTION OR REMEDY FO	OR INFLAMM	ATORY BOWEL DISEA	SES CONTAINING	G ANTI-CD81 ANTI	BODY AS THE A	CTIVE INGRE
ill in Appropriate	the specification of which		ereto. If not attached he	ereto, the applicatio	n is identified by the	attorney docket	number as set
.f	forth above and/or the						
formation - or Use Without	The specification w United States App		OF				as
ecification	and amended on _					(if applicable	and/or
ached:	the specification w				<del></del>		as PCT
	International Appl		27				and was
	amended on				(if applicable)		
ert Priority ormation: appropriate)	amended by any amendment referred to above.  I acknowledge the duty to disclose information which is Regulations, §1.56.  I do not know and do not believe the same was ever known thereof, or patented or described in any printed publication in year prior to this application, that the same was not in public uprior to this application, that the invention has not been patente date of this application in any country foreign to the United representative or assigns more than twelve months (six months patent or inventor's certificate on this invention has been filed in application by me or my legal representatives or assigns, except a			Jaited States Code, §119(a)-(d) of any foreign application(s) for papelow any foreign application for patent or inventor's certificate has claimed:  Priority Claimed  08/28/2003		de of Federal our invention nore than one than one year ted before the or my legal pplication for a prior to this n(s) for patent ificate having Claimed	
	(Number)	(Country)		(Month/Day	/Year Filed)	☐ Yes	□ No
			<del> </del>			. $\square$	
	(Number)	(Country)		(Month/Day,	/Year Filed)	Yes	No
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No
ert Provisional plication(s): uny)	I hereby claim the bene (Application Number)	fit under Title 3	35, United States Code,	§119(e) of any Unite	•	applications(s) li	sted below.
	(Application Number)			(Filing Da	nte)		<del></del>
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
ert Requested ormation: appropriate)	Country		Application Number	· 	Date of Filing (Mont	th/Day/Year)	<u> </u>
	I hereby claim the ben- continuation-in-part ar disclosed in the prior U Code, §112, I acknowl Federal Regulations, § international filing date	pplication(s) lis Inited States an edge the duty 1.56 which be	ted below and, insofar d/or PCT application i to disclose informatior came available betwee	as the subject mat n the manner provi	ter of each of the cla ded by the first parag	aims of this app graph of Title 35.	lication is not United States
sert Prior U.S. oplication(s): any)	(Application Number)		(Filing Date)		(Status - patented, p	ending, abandon	ed)
ge 1 of 2 ev. 05/2004)	(Application Number)		(Filing Date)		(Status - patented, p	ending, abandon	ed)

Attorney	Docket No.	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

## CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

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Telephone: (703) 205-8000 Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
ull Name of First or Sole Inventor: nsert Name of Inventor nepert Date This Document is Signed	Takamasa WATANABE	Jakanasa Watan	abe	January 25, 2006			
nsert Residence	Residence (City, State & Country)	The second second	CITIZENSHII				
nsert Citizenship →	Osaka-shi , Osaka Japan		Japan				
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)					
	c/o Dainippon Sumitomo Pharma Co., Ltd. 1-98 Kasugadenaka 3-chome Konohana-ku, Osaka-shi Osaka 5540022 Japan						
'ull Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE	۲	DATE*			
see above	Kaoru KIKUCHI	Kaom Kilcoch	$\dot{\nu}$	January 25, 2006			
	Residence (City, State & Country)		CITIZENSHII	P			
	Osaka-shi , Osaka Japan		Japan				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	c/o Dainippon Sumitomo Pharma Co., Ltd. 1-98 Kasugadenaka 3-chome Konohana-ku, Osaka-shi Osaka 5540022 Japan						
ull Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHII	P .			
	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)					
'uli Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
•	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
'all Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address i	including City, State & Country)					

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\*DATE OF SIGNATURE